

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000010358

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** GENESIS MEDICAL CENTER CORAL SPRINGS, INC.

**Current Principal Place of Business:**

% 334 NW 120TH DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

3000 N. UNIVERSITY DRIVE  
R  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

% 334 NW 120TH DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

3000 N. UNIVERSITY DRIVE  
R  
CORAL SPRINGS, FL 33065

**FEI Number:** 26-4175702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, MITCHELL F  
4000 HOLLYWOOD BOULEVARD  
SUITE 485  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MANN, AJAIB  
**Address:** 334 NW 120TH DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** D  
**Name:** WADHWA, MUKESH  
**Address:** 9513 KENLEY COURT  
**City-St-Zip:** PARKLAND, FL 33076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** AJAIB MANN, M.D.

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date